

Spa Alp Equines LTD Lesson Program Registration Form

Children

Name: _____

Age: _____

Height: _____

Pervious experience: _____

Parent Name: _____

Phone Number: _____

Email: _____

Emergency Contact
Information _____

Allergies: _____

Preferred day or time: _____

Any other information you want to share:

Please have your child wear long pants and a boot with a heel. Please also bring a helmet if you have one. We are happy to provide one you don't. Come dressed for the weather!

An invoice will be sent out to you for each lesson or for your lesson package. E-transfers can be sent to Spaalpequinesltd@gmail.com

Credit card payments are available with a 3% fee

